sensibility, they were sometimes perceived as effete cowards. However, the code of honour and its associated activities served as a convenient foil for medical and other moralists. It was a useful target in their promotion of a new gentlemanly ideal and in their general Christian moralizing. Percival's anti-duelling stance clearly identified him as a certain type of moral and social reformer.

While Percival tried to define his ideal of the morally upright, scientifically concerned gentleman by contrasting it with the duelling classes, he could not deny that medical men were famous for another sort of contest, the vitriolic paper duels and embarrassing theoretical disputes which plagued the profession. He clearly had insight into the psycho-pathology of honour in both these cases. While his contribution to solving the problems of professional rivalry is difficult to assess, his intent was undoubtedly reforming. Moreover his membership in the anti-establishment Medical Society of London is some evidence at least that his medico-political activities were consonant with his moralizing.[147]

The preceding discussion of Percival's education, career and work has emphasized his liberal and reformist credentials. This is necessary because some modern scholarship on medical ethics tends to conflate the self-declared 'élite' status of physicians such as Percival with membership in the traditional medical establishment and to associate prominent physicians across the board with the ruling classes.[148] Percival did not carry the gold-topped cane of a Fellow of the Royal College but at the same time, he was quite unlike the social reformer of later generations. He and his mainly Edinburgh-trained peers saw themselves, and were seen by others, as élite, gentlemen physicians. But an examination of Percival's own intentions and the medical and social context of his work makes it clear that the élitism and gentlemanliness were based on ideas already prepared in Gregory's Baconianism. Medicine could only be advanced by science, which must be open to the public, and the character of the scientist himself was crucial to this enterprise. It was on this latter point that Percival went beyond Gregory. The Scot had been attracted to the ideal combination of liberal education and independent fortune in the make-up of the professional gentleman. Percival's vision not only was much more middle-class, it also had a different institutional focus in the hospital. The pursuit of medical science and its application to practical medical care were gradually united within the one institutional framework, and the profession's mastery of this new medicine could indeed make it into a gentlemanly élite, unsurpassed by any previous generation of scholarly or philosophical physician.

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The Ethics of Hospital Practice

Just as the problems of medical technology have acted as one important impetus for the development of modern ethical discussion, so too in Percival's day did the advent of the new voluntary hospitals. For him, much more than for John Gregory, it was evident that hospital practice would substantially change the character and direction of medical practice. It was, consequently, hospital practice not private practice which he adopted as the model for his medical ethics.

Hospital practice had in this period caused a shift in power both to and away from the medical staff. As John Aikin observed in his *Thoughts on Hospitals*, physicians and surgeons had in this new setting gained remarkable powers of discretion which could be used to advance medical science and patient welfare.[149] On the other hand, the medical staff were no longer autonomous decision makers, but increasingly employees who were forced to obey the statutes and regulations laid down by the governors and managers. Guenter Risse has recently shown that this development brought with it an obligation to comply with fiscal restraints and budgetary decisions that set limits to the use by medical men of hospital resources.[150]

Because a physician's practice was so closely tied to the prescribing of drugs and the choosing of appropriate diets for individual patients, the loss of control over medical supplies was viewed by many of the faculty as a distressing development. John Aikin, for one, denounced 'that spirit of penurious œconomy which makes charity to appear so unlike itself'.[151] In his *Medical Ethics*, Percival echoed these sentiments, arguing that the medical staff:

> should not suffer themselves to be restrained by parsimonious considerations, from prescribing *wine*, and *drugs* even of *high price*, when required in diseases of extraordinary malignity and danger.[152]

He also maintained optimistically that

> no œconomy, of a fatal tendency, ought to be admitted into institutions, founded on principles of the purest beneficence, and which, in this age and country, when well conducted, can never want contributions adequate to their liberal support.[153]

To the tension created between staff and governors by the loss of personal prerogatives, a new one was also added. This was the constant professional scrutiny of one's peers. This new development demanded of the medical staff of hospitals 'personal circumspection not only to protect one's own reputation but, more important, to

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defend the standing of the institution'.[154] Risse concludes, for example, that it was in part the need to protect the personal reputation of hospital practitioners as well as that of the hospitals themselves that led to the development of medical ethics such as Percival's. This view is certainly plausible, and one might argue that Percival's manual was in part an exercise in public relations for the Manchester Infirmary. After all, charity hospitals, like Dissenting academies, were funded by private subscriptions, mostly from local citizens. If the donors' pockets were to be kept open, then so too must their hearts. To this end their fears and prejudices had to be assuaged and kept in check. By all accounts, this goal was achieved in Britain in the closing decades of the eighteenth century.

Professional Rivalry

If not a Hobbesian war of all against all, intra-professional rivalry was, indeed, recognized by Percival and his contemporaries as a serious threat to the stability and development of the medical profession. Percival warned, moreover, that unless an *'esprit du* [*sic*] *corps'* could be inculcated among medical colleagues, the new hospitals would collapse from within. His ethics can thus be viewed not only as a promotion for the modern hospital, but also as an attempt to consolidate the different branches of medicine in order to advance and strengthen the position of the hospital staff. In so doing, Percival did not, however, recommend the dissolution of the traditional roles of physician, surgeon and apothecary. As he argued,

> In large and opulent towns, the *distinction* between the *provinces of physic* and *surgery* should be steadily maintained. This distinction is sanctioned both by reason and experience. It is founded on the nature and objects of the two professions; on the education and acquirements requisite for their most beneficial and honourable exercise; and tends to promote the complete cultivation and advancement of each. For the division of skill and labour is no less advantageous in the liberal than in the mechanic arts: And both physic and surgery are so comprehensive, and yet so far from perfection, as separately to give full scope to the industry and genius of their respective professors.[155]

Percival believed that harmonious relations could best be fostered by the introduction of three practical measures. These were, first, the creation of a strong faculty committee, second, an improved system of dispute arbitration, and third, new guidelines for medical consultation.

Percival's concerns, however, were not, as we have argued,

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identical with those of modern critics. Indeed, the physician–patient relationship, the *sine qua non* of modern medical ethics, does not appear to be the most troubling one for Percival. What was morally problematic for him was the failure of the hospital to keep its patients safe from mortal diseases caused by the institution itself. As John Aikin warned,

> Every hospital, I fear, without exception, may in some measure be considered as a Lazaretto, having its own peculiar disease within it. That dreadful distemper, little less malignant than the plague itself, distinguished by the title of the jail or hospital fever, has long been known as the inbred pestilence of crowded receptacles for the sick, and has thinned our fleets and armies more than the sword of the enemy.[156]

Like Aikin, Percival and his fellow reformers were forced to qualify their praise for the hospital and what they perceived as its obvious advantages. The chosen image of physicians, after all, was that of the dispenser of benevolence, not that of the callous executioner. It should not be forgotten either that Percival was armed with the most up-to-date figures available on the causes of sickness and mortality both at home and abroad. In his response to John Aikin, for example, he wrote that one in twenty-two patients died every year in the Manchester Infirmary and warned that:

> This proportion of deaths, exceeds the mortality which occurs in private practice: And it will appear to be more considerable, when we recollect that, besides the patients who are dismissed as incurable, improper objects, or on account of irregularity, the event of whose cases remains unknown, the small pox, measles, lues venerea, fevers, and other dangerous and fatal distempers, are excluded from admission into these hospitals.[157]

Aikin's and Percival's measures for the safety of pregnant women were also informed by statistical knowledge that women who had no post-partum treatment from either medical men or traditional midwives were less likely to acquire puerperal fever. They agreed that 'hospital pestilence in the slightest degree must therefore be peculiarly dangerous to lying-in women'.[158] Aikin concluded that, in other words, 'the so much dreaded diseases of child-bed are rather artificial than natural'.[159] Percival's preference for home-deliveries and dispensary rather than hospital care for the majority of the sick in Manchester was similarly based on his knowledge and fear of hospital fever, and should be viewed as an attempt to prevent the spread of contagion. Percival's obsession with hygiene and fever

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control is, I think, an important and overlooked part of his medical ethics. To suggest that rules of hospital policy were not motivated by genuine moral concerns is to miss the point of his particular medical expertise. For example, the fact that the rules of hospital admittance were highly selective, is also to ignore the limited purpose and clientele of the voluntary hospital.

The charges of hypocrisy which are implied by such views should perhaps be tested against the alarming contemporary statistics on which the reforming physicians based their blue-prints for more hygienic institutions and their rules for protecting patients within the treacherous walls of the hospitals. For Percival then, the problem of whom to admit and for how long, was, in this sense, not only a procedural issue but a serious moral dilemma for the governors and medical staff alike. Hence, it is in the context of institutional hygiene that we can best understand Percival's attempt to foster more harmonious relations among the medical staff. It was not only personal control over their patients' diets that physicians stood to lose but, more importantly, the patients themselves. At the very least, prudence and self-interest (both kinds) were possible motives.

Percival's desire to establish 'a *committee of the gentlemen* of the *faculty*' appears to have been inspired by his belief that such a group could best influence and educate the managers and governors of the charity concerning the problems they would incur if they persisted in crowding patients into 'close wards' or even permitted patients with contagious diseases like smallpox to be admitted.[160] As he explained:

> There are in-bred diseases which it is the duty of the physician or surgeon to prevent, as far as lies in his power, by a strict and persevering attention to the whole medical polity of the hospital.[161]

Faculty solidarity would, he argued, prevail over the efforts of concerned individuals. He emphasized that, no matter how well intentioned the latter were, their exertions:

> often give rise to jealousy; are opposed by those who have not been consulted; and prove inefficient by wanting the collective energy of numbers.[162]

Professional jealousy, however, was just as inevitable as hospital or jail fever and just as destructive to the aims of the charity if not its patients. It was for this reason that Percival attempted to alleviate some of the most obvious causes of peer rivalry within and without

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hospital practice. He warned his colleagues that they should be the guardians of the respectability of their profession. They should avoid 'contumelious representations of the faculty at large; [and] all general charges against their selfishness and improbity'.[163] Medical practitioners should likewise be the guardians of their colleagues' reputations as well as of their own. Consequently, he wrote,

> No physician or surgeon ... should *reveal* occurances [*sic*] in the hospital, which may injure the reputation of any one of his colleagues.[164]

There were, however, restrictions to this rule which Percival subsequently explained. He suggested that if professional charges were made by a physician or surgeon against an associate these should, *before* being made public, be brought before their peers who would 'judge the reasonableness of the case and the measures to be adopted'. In the more contentious cases he suggested that all charges:

> should be referred to the arbitration of a sufficient number of physicians or of surgeons according to the nature of the dispute ... But neither the subject matter of such references, nor the adjudication, should be communicated to the public; as they may be personally injurious to the individuals concerned, and can hardly fail to hurt the general credit of the faculty.[165]

In his chapter on the duties of physicians and surgeons in cases 'which require a knowledge of law',[166] Percival explained briefly how a charge of possible malpractice might be dealt with by the medical profession and the law. His account, however, indicates that such cases were not common and that the charges he referred to in his medical ethics were, more often than not, breaches of etiquette and disputes about clinical judgement. One also gets the impression that a medical reputation could be destroyed or a physician's character impugned for many reasons other than malpractice. Moreover, as Percival noted, it would be most difficult to get a conviction for malpractice because, in order to do so, the prosecution would first have to demonstrate criminal intent. He wrote that:

> When medicines administered to a sick patient, with an honest design, to produce the alleviation of his pain, or cure of his disease, occasion death, this is misadventure, in the view of the law; and the physician or surgeon, who directed them, is not liable to punishment criminally, though a civil action might formerly lie for neglect or ignorance.[167]

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